



N.H. Department of Health and Human Services
Office of Operations Support
Licensing and Regulation Services
129 Pleasant Street
Concord NH 03301-3857
TDD Access: Relay NH 1-800-735-2964
In NH 1-800-852-3345, EXT 5127
603-271-0277

Massage Therapist Renewal Application

License #: _____ Expiration: _____

PLEASE PRINT

Last Name	First Name	Middle Initial	Phone:	Fax:
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Home Address	City	State	Zip
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Phone:	E-Mail Address:	Fax:
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☐ Check here if you do NOT want your home address disclosed to individuals, trade organizations, or schools for the sole purpose of advertising continuing education opportunities.

Mailing/Business Address	City	State	Zip
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CONTINUING EDUCATION

At least 12 hours per licensing period. Courses must be sponsored by either a post-secondary institution or a professional association that specializes in massage education, or instructed by a provider approved by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). Please be sure to include the sponsor and location of each course. Also include the instructor's NCBTMB provider number if applicable. Maintain your documentation of continuing education credits as they are subject to audit and review.

Course Title, Sponsor, NCBTMB Provider #, and Location	Date(s) Attended	# Hours
1.		
2.		
3.		
4.		

Have you been convicted of any sexually-related crime or crime involving moral turpitude (last 10 years)? ☐ No ☐ Yes (Explain)

The Department of Health & Human Services is required by law to ask for your Social Security Number. The number will be held confidential By the Department and used only for enforcement of the laws governing child support. (42 USC6669(a) (13); RSA 161-B:11
Social Security Number: _____-_____-_____

"By my signature I attest full compliance with RSA 328-B and all corresponding New Hampshire regulations and that the information and documentation provided is accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, and or revocation of a license."

DATE

SIGNATURE

Return completed application and license fee to: Department of Health and Human Services, Office of Operations Support, 129 Pleasant Street, Concord, NH 03301